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ABSTRACT

Designed as an operating manual, the document is designed to strengthen the efforts between Monroe County Community Action Program (M.C.C.A.P.) Head Start and other services helping meet the needs of the handicapped child, to insure continuity of experiences for handicapped children moving from Head Start into the public school systems of Monroe County (Indiana), and to act as a guide to other Head Start programs attempting to establish and satisfy continuity of services from the Head Start program to the local public school system. Part I provides an overview of the M.C.C.A.P. Head Start program. Part II reviews procedures for recruiting, selecting, screening, and identifying children as handicapped preschoolers. A third part focuses on parent involvement, with emphasis on the appeals process and parents' rights. Providing the appropriate program for each child via team assessment and the individualized education program is considered in a fourth part. Procedures for facilitating the child's transition to public school are outlined in Part V. A final part covers the responsibilities of Head Start personnel. Each part also contains a timetable for activities within each area as well as the appropriate sample forms. Appended materials include a time frame continuum for delivery, definitions for handicap categories in Head Start, an outline of implications of P.L. 94-142 (the Education for All Handicapped Children Act), a review of Indiana Rule S-1, an architectural barrier checklist, and a list of community agencies and programs. (SBH)

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MANUAL OF SERVICES FOR HANDICAPPED CHILDREN

FORWARD

It is the intent of this Head Start program to render the most humanistic services possible to all children and families involved in the program. In order to achieve this aim with optimum results a well organized and clearly defined network must exist. This network acts as a spring board for services and thus enables staff energies to be directed toward the real purpose of the program--service to children and families.

Donna Hogle, Director
Head Start Program
Monroe County Community
Action Program

ACKNOWLEDGEMENTS

This manual has been an attempt to formalize the process involved in providing services to children with special needs enrolled in the M.C.C.A.P. Head Start Program.

A number of persons have participated in the collection of this body of information. These helping hands included Head Start staff, Head Start parents, M.C.C.S.C personnel, and the agencies providing diagnostic services. Two persons have continually made themselves available to me and I feel need to be personally thanked and named: Jane Manusak, M.C.C.S.C. and Donna Hogle, M.C.C.A.P.

Working with me to identify facts pertaining to services for Indiana preschool handicapped children have been Rosanne Pirtle, D.P.I.; Joy Middleton, C.S.A.; and Barbara Anderson, State Board of Mental Health.

Without the cooperation and concern of these individuals for bringing optimal smoothness to the delivery of services for handicapped children this manual would not have been possible.

Debbie Coonrod, Ed.D.
Project Coordinator

May, 1980

CONTENTS

Forward: Letter from Donna Hogle, Director, M.C.C.A.P. Head Start ---------- ii

Acknowledgements ---------- iii

Introduction ---------- v

Part One

Overview of M.C.C.A.P. Head Start Program ------- 2

Part Two

Identifying Children with Special Needs --------- 5

Part Three

Involving Parents ---------- 32

Part Four

Providing Appropriate Program ---------- 44

Part Five

Transition to Public School ---------- 60

Part Six

Management and Fiscal Responisbility ---------- 69

Appendix

A. Time Frame Continuum for Delivery ---------- 76

B. Definitions for Handicap Categories in Head Start ---------- 80

C. P.L. 94-142: Education of All Handicapped Children Act ---------- 84

D. Indiana Rule S-1 ---------- 87

E. Architectural Barrier Checklist ---------- 89

F. Community Agencies and Programs ---------- 92

INTRODUCTION

The Head Start Effort was launched in 1964 by the Economic Opportunity Act. It was legislative evidence of a belief in the potential of education during the preschool years as an effective intervention in the education, social, and economic destiny of persons existing at the poverty level.

Head Start has always had a national policy of open enrollment for all eligible children, including handicapped children. Congress, in 1972 increased the priority given to handicapped children in Head Start programs. The Economic Opportunities Amendment of 1972 required that handicapped children make up ten percent of the national Head Start enrollments. A ten percent handicapped enrollment for each state was mandated in the Head Start Economic Opportunity and Community Partnership Act of 1974.

The team approach of health, education, and parent involvement/social service staff working together has been seen as the way to best meet the needs of all the children enrolled in the Head Start programs. The needs of these children and their families are not those intended in the legislation as the ten percent handicapped.

The handicapped child has been defined as those "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related services."

Head Start programs have worked diligently to insure that the initial identification has been confirmed, denied, or

terminated by professionals trained in assessing handicapping conditions.

The M.C.C.A.P. Head Start staff has been careful not to label children. Where the staff and facility would not be able to provide the optimal environment for the child, the family has been directed to another agency or program. Likewise, the local Head Start program has not tried to compete with (and is prohibited from such) a similiar service that was meeting the needs of the low income population.

The handicapped child has received program services that included the full range of comprehensive services normally provided to all Head Start children. Program services have attempted to support the family in obtaining a continuance of services even after the child has left Head Start.

The program for handicapped children has required special monitering by adminsitration to meet the special and specific needs of the handicapped child. Adequate adult-child ratios have been maintained. When possible transportaion of handicapped children has been provided. Arrangements for administering medication has been worked out with the family, the physician, and the Head Start Health Service Coordinator. Appropriate training and technical assistance have been secured for staff.

Extra effort has been exerted to include the family of the handicapped child in every aspect of the program. Parents have been notified of appropriate training and technical assistance that has been made available by the community or Head Start. And again where possible, Head Start has helped with transportation problems.

In reviewing the process and the mechanics of the delivery of services, there seemed to be little that the M.C.C.A.P. Head Start staff had failed to attempt in meeting the best interest of each individual child. Yet, throughout the discussions with staff and parents there was confusion about the integration of

the parts that might or might not happen. There was expressed anxiety that a lag in delivery of services would potentially affect an individual child in a negative manner. There was no formalized and convincing plan or framework that outlined the flow of the child with special needs through the Head Start Program.

The vagueness regarding the policies and procedures within the program was known and shared by the administration. Their joint sensitivity created a need to review and assess the M.C.C.A.P. Head Start regulations, policies, procedures and associated forms in servicing the handicapped child.

This written plan was funded by HEW to meet the expressed need of this local Head Start for an operating manual. The intent for the operating manual has been

1) To strengthen the efforts between M.C.C.A.P. Head Start and other service agencies helping to meet the special needs of the handicapped child,

2) To insure continuity of experiences for handicapped children moving from Head Start into the public school systems of Monroe County, and

3) To act as a guide to other Head Start programs attempting to establish and satisfy continuity of services from the Head Start program to the local public school systems.

PART I

OVERVIEW OF M.C.C.A.P. HEAD START PROGRAM

PART I

OVERVIEW OF M.C.C.A.P. HEAD START PROGRAM

Head Start's national policy of open enrollment includes integrating and mainstreaming mentally or physically handicapped preschool children with other Head Start children. Early and accurate identification is initiated at entry into a Head Start program.

To insure that the child with a handicap at M.C.C.A.P. Head Start Program receives his/her rightful educational opportunity, teacher observation and teacher anecdotal records of children's behavior are begun at entry. Assessing the developmental abilities and range of functioning of the children prior to October gives the teacher additional information for describing to other members of the Head Start team and the parents the observable competencies and inadequacies of the children.

The teacher uses a checklist to record observation from the home and classroom which provides the unifying framework for the Health Service Coordinator, the Social Service Coordinator, the Family Service Coordinator, and the Education Coordinator to add their observations. The teachers and coordinators act as the Team Assessment. The team effort is initiated to begin identifying needs of children. This may take the route of securing more information about the child physically from a physician; nutritionally from a dietitian; socially from the parent; emotionally from the Mental Health Clinic; learning approaches from the Developmental Training Center; or speech assessment from the speech pathologist. This additional

information is made available to the teacher and team prior to November.

The M.C.C.A.P. Head Start Program coordinates its efforts with Stonebelt, Program Prepare, the M.C.C.S.C. Multicategorical Preschool Program, the Monroe County Society for Crippled Children, and the Indiana University Speech and Hearing Clinic to assist parents in getting the educational program that best meets the total needs of the child. Individual special needs are considered very carefully as the individualized education program for each child is developed with the total staff, the various agencies, and the parents. During Team Assessment a common concern for a particular child generates the action that secures additional assessment by professionals that brings into focus the specific Individualized Education Program. This plan is developed with parents if at all possible and is intended to intervene for the best development of the "whole" child.

Throughout the relationship of the handicapped preschool child and the M.C.C.A.P. Head Start Program, the staff diligently guards agains mislabeling; provides confidentiality of client information and client documentation; initiates cooperative activities between child, parent, and special services; sensitizes parents to their rights for their child and to their rights as a parent for Special Education resources; communicates parent concerns to Special Education programs and other agencies; and participates in the development of the I.E.P. for the child. Additionally the M.C.C.A.P. Head Start staff supports the parent and handicappped child in the move from the Head Start Program to the first year placement with the local school corporations.

PART II

IDENTIFYING CHILDREN WITH SPECIAL NEEDS

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IDENTIFYING CHILDREN WITH SPECIAL NEEDS

A grave concern in carrying out the handicap mandate has been the possibility of mislabeling children. Mislabeling may have damaging effects on the child's self image, on the expectations of those in the family, and on the expectations of those in the school environment. It is of prime importance, then, that the Head Start program recruit the handicapped population and not relabel or mislabel the existing Head Start population. Special procedures have been required in recruitment, in selection, in screening, and in identifying children as handicapped preschoolers.

RECRUITMENT

Recruitment for the M.C.C.A.P. Head Start Program generally is coordinated by the Social Service Coordinator. The responsibility is primarily administrative in that three separate activities are being monitered and maintained; the public relations campaign informing the community at large about the mainstreaming options available at Head Start; the on-going contacts with other agencies serving handicapped children and their families; and the door-to-door recruitment that occurs during the summer.

Public relations campaign. A newsletter initiated by the Director is distributed annually to the community at large through direct mailing lists, by hand at community fairs, bazaars, and conferences. The newsletter contains articles describing the resources available to handicapped children and their families.

At least one issue of the Bloomington Daily Herald Telephone during the year carries a story of the Head Start program.

Announcements of recuitment efforts for handicapped three and four year olds are made in April and May of each year via public newspaper, radio, and television spots.

On-going contacts. Close communication is maintained with all community programs providing services and learning experiences for children and families.

Door-to-door recruitment. A vigorous door-to-door recruitment is exectued each summer by part-time staff aimed at a specific target area of the community. These out-reach workers use intake forms that collect specific information about the child. The procedure is outlined by the Social Service Coordinator to maximize this initial opportunity to learn more about the child.

Head Start parents. Parents have in fact been the best recruiters for the M.C.C.A.P. Head Start program. About sixty percent of new families are a result of the parents' word of mouth endorsement regarding the benefits of the Head Start program for their children's needs.

ENROLLMENT

Enrollment procedures are the same for all children at Head Start. Follow-up differs according to need.

Coordination of *enrollment* is done by the Social Service Coordinator. The responsibilities include:

1) Training staff in using an Intake Inventory, in observing and recording behaviors of child on the home site, and following up the recommendations from the interviews conducted with families and children.
2) Obtaining releases from parents for collecting information about the family.
3) Obtaining income information.

4) Obtaining permission from parents for health screening of children (done on the Intake Inventory).

SCREENING AND ASSESSMENT

Only a comprehensive approach to working with children responds to the specific needs of children. The H.E.W. guidlines have outlined a thorough procedure that includes every child with a ninety school day time line for completion of all assessments and screenings of the children. It is during the assessment and screening process that children with possible handicapping conditions are first observed, assessed by professional diagnosticians, and finally identified according to their specific area of need.

The Education Coordinator is responsible for insuring that each child has an individual record; had been scheduled for and has received the developmental screening of teachers and outside agencies. The Education Coordinator also schedules meetings of the Team Assessment.

Various Head Start staff and community agencies are involved in the *screening* process. The Health Service Coordinator is responsible for:

1) Scheduling the health screenings which must be done within ninety (90) days of enrollment or entry into program

   a) Hemoglobin or Hematrocrit Determination--the information is given on the physical form that has been prepared by Head Start and completed by the family physician or Well Baby Clinic. Head Start follows up with in-kind contributions where necessary.

   b) Vision Screening--all children are transported by bus to the Community Care Center, Hadley Annex, in October for their visual screening. This service is donated by the Indiana University Optometry Clinic. The Health Service Coordinator keeps control sheets on all the children's screenings.

c) Dental Screening--Head Start solicits the community for donated services and they do complete dental evaluations and fluoride treatment for these children. Head Start transports the children by bus to the dentist.

d) Growth Assessment/Physical Examination--The family physician or the Well Baby Clinic completes this form before the child initially comes to Head Start and in the third year to comply with the periodic evaluation guidelines of H.E.W. This guideline also includes that health screenings need not be done in the second year unless otherwise designated.

M.C.C.A.P. Head Start allows for periodicity in a child's second year of Head Start; the physical form does not require an undressed physical examination.

e) Health Histories--This form has recently been revised by Head Start and is completed before the health screenings are begun on the children.

2) Participating in the Team Assessment.

The Speech and Language screening when funding permits is done by the Head Start speech pathologist. This screening is done in September and October. Otherwise the I.U. Speech and Hearing Clinic does the screening.

The Head Start teacher initially screens the child's basic skills and conceptual development. The Head Start teacher is responsible for:

1) Planning classroom and/or home activities during September and October which allow them to make observations and informally assess the child's basic skills. These observations are recorded on the Teacher Assessment Checklist (a locally designed tool).

2) Administering the Denver Developmental Screening Test in September.

3) Writing referrals to the Education Coordinator for any child whose performance during informal observations in center and/or home activities concurs with an abnormal score on the Denver Developmental Screening Test.

4) Writing referrals for children who through observation and talking to parents appear to be having emotional and social difficulties.

5) Participating in the Team Assessment when teacher screenings reveal more extensive assessment.

The Team Assessment reviews all profiles on the Denver Developmental Screening Test in early October. When a teacher verifies the testing as accurate the child is referred for further professional assessment. The team will determine priorities on the basis of greatest need and age. The Education Coordinator will arrange for further professional diagnosis from the contracted service provider.

PROFESSIONAL DIAGNOSIS

The local Head Start staff remains very cautious in the manner in which they formulate the referral that brings the professional diagnostician to the screening process. The referral form contains strictly disciplined statements of observed behavior and parental comments. The verification of the concern is left to the contracted professional diagnostic agency. Two such agencies are secured:

1) Mental Health Service Provider,

2) Developmental/Disability Provider.

The services of the professional diagnostician include:

1) Observation in the classroom.

2) Conference with the parents, appropriate staff, and/or other professionals.

3) Conference with the teacher to review records, examination and/or testing as necessary.

4) Written diagnosis within two to four weeks from the time the verbal diagnosis is made if the child is determined as handicapped and needing on-going services.

* 5) If on-going services are prescribed the clinic will work with the teacher, parent, and sometimes the child.

* Starred item is an item that will be referred to again in Part IV Providing Appropriate Program.

IDENTIFICATION

The professional diagnostic agency sends a formal written report to the Education Coordinator confirming or denying the concern that the observable deficiencies are in fact handicapping conditions.

The H.E.W. guidelines have defined the handicapped child as those "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related services." The M.C.C.A.P. Head Start Program only after completing the thorough screening and assessment process that has been outlined now identifies its mandated ten percent handicap population.

PART II

IDENTIFYING HANDICAPPED CHILDREN

TIME FRAME	ACTIVITY	INITIATOR
	Recruitment: Public Relations	
April	Annual Newsletter with articles about services for families of children with handicaps (direct mail, Week of Young Child Mall display, July 4th Family Fun Fair, Spring Conferences, etc.)	Director with contributing writers
April	A news story, Herald Telephone Contact: Mike Leonard	Director
April	Newspaper, Herald Telephone "Rounding the Square" Contact: Bob Saltsberg	Director
	Radio, WTIU, Public Service Announcements Community Calendar Contact: George Walker, 337-1357, or WTIU, Radio and Television Bldg., I.U.	Director
	Television, WTIU, Public Service Announcement (Submit in typewritten format three weeks in advance) Contact: Keith Klein, Program Manager 337-5900, or WTIU, Radio and Television Bldg., I.U.	Director
	Radio, WBWB, Public Service Announcement, Read two or three times a day (Submit in typewritten format two or three days in advance) Contact: Program Manager, 332-9292, or WBWB, Century Village, Bloomington, IN 47401	Director
	Radio, WTTS, Public Service Announcement, (Submit in typewritten format three days in advance.) Contact: Program Manager, 332-3366, or WTTS / 535 S. Walnut, Bloomington, IN 47401	Director

* Any changes in time lines are reflected in the annual Head Start grant.

	Television, WTTV, Public Service Announcement, (Submit in typewritten format fourteen days in advance.) Contact: Program manager, 332-3685, or WTTV Television Station, E. Hillside Drive, Bloomington, IN 47401	Director
May/June	Billboard donated by Our Hoosier Outdoor Contact: Lloyd Olcott (Social Service Coordinator initiates.)	Director
	Recruitment: Agency and Referral Contacts	
** Logging (M.I.S.)	M.C.C.S.C Multicategorical Preschool Program University Elementary School 930 E. St. Rd. 46 Bypass Bloomington, 337-6805 Contact Gen Shelton, Coordinator	Director
	Mental Health Clinic, Adams House, 431 South College Bloomington, 339-1691 Contact: Marsha Dumas	
	Monroe Joint Special Education Cooperative M.C.C.S.C. Administration Center 315 North Drive, Bloomington, 3393481 Contact: Jane Manusak, Coordinator of Elementary Education	
	Department of Public Welfare, 125 W. Kirkwood Avenue Bloomington 336-6351 Contact: Jan Brown	
	Developmental Training Center Early Childhood Unit 2853 E. 10th Street, Bloomington, 337-6508 Contact: Dr. Sue Schuster, Director	
	Human Resource Department 119 W. Seventh Street Bloomington 339-2261 ext. 267 Contact: Jan Wagner, Director	
	Stonebelt Council for Retarded Citizens 2815 East 10th Street, Bloomington, 332-2168 Contact: Joan Burton, Director Children's Services	

** All staff log on a monthly basis.

12

	Well Baby Clinic (Public Health Nursing) 315 W. Dodds, Bloomington, 336-4492 Contact: Jean Bush, Director Speech and Hearing Clinc, School of Education, I.U. Bloomington, 337-6251 Contact: Dorothy Saltzman Recruitment: Door-to-door	
Summer	Rotating target areas, Intake Inventory, workers are part time staff trained by Social Service Coordinator prior to beginning contacts	Social Service Coordinator
At time for Intake	Obtaining income information; releases for health screening	Social Service Coordinator
	Enrollment:	
September 1	Each individual child's file is set up; assessment entries monitered; teacher training set up for developing observational skills	Education Coordinator
	Screening:	
September	Team Assessment scheduled (Team includes Social Service Coordinator, Family Service Coordinator, Health Services Coordinator, Speech Pathologist, Education Coordinator, Teacher, Teacher Aide), review DDTS	Education Coordinator
mid-October	Teacher Referral Form showing correlation between DDTS and informal assessments	Teacher
end of October	Parent Release Form for additional screening by outside agency	Social Service Coordinator
	Screening: Professional Diagnosis	
end of October	Teacher Referral Form submitted to appropriate diagnostic team 1) Mental Health Service Provider 2) Developmental/Disability Provider	Education Coordinator

scheduled appointment	Transportation to diagnostic center provided as needed	Social Service Coordinator
Within 40 school days	Diagnostic evaluations completed and written reports returned (Follow-up assessments must occur annually)	Contracted diagnostic agency
	Identification: Handicap Population	
Within 90 school days	All assessments and screenings have been completed, professional diagnosticians have confirmed or denied area of concern, 10% handicap population is identified according to H.E.W. definition	Education Coordinator/ Director

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I authorize HEAD START to render or secure Emergency Medical Treatment for _____. I understand that this includes my consent to any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and advice of any physician or surgeon licensed to practice, when the need for treatment is immediate, and efforts to reach me unsuccessful.

CHILD'S BIRTHDATE _____ ADDRESS _____

_____ PHONE _____

CHILD'S DOCTOR _____

PARENT'S DOCTOR _____

CHILD'S ALLERGIES _____

MEDICINES CHILD IS TAKING _____

MEDIC ALERT _____

PARENT OR GUARDIAN _____ DATE _____

Interviewer:

Date:

MONROE COUNTY COMMUNITY ACTION PROGRAM, INC.

CLIENT INTAKE FORM

E	
NE	

APPLICANT NAME: S.S.#

Last, First, Middle

STREET ADDRESS: CITY: COUNTY: TWP: ZIP:

PHONE: BIRTH DATE: MALE: FEMALE: FORMER CLIENT:

HOH: NO. IN HOUSEHOLD: NO. OF DEPENDENTS: HIGHEST GRADE:

ETHNIC:

	Mex. Amer.		Black
	Puerto Rican		Oriental
	Other Cauc.		Other
	Amer. Indian		

MARITAL STATUS:

	Single
	Married
	Separated
	Divorced
	Widow (er)

RESIDENCE:

	Rural
	Non-rural
	Own
	Rent
	Share

SPECIAL category:

	Veteran		Migrant
	Disabled/Hand.		
	Student		
	Ex. Offender		

EMPLOYMENT STATUS:

	Employed
	Unemployed
	Under Employed
	Not in labor force

REFERRED BY:

	Other Agency
	Self/Friend
	CAP Staff
	Other

HOUSEHOLD/FAMILY:

NAME OF SPOUSE: PARENT: SOC. SEC. NO:

MALE: FEMALE: BIRTHDATE: HOH: HIGHEST GRADE:

EMPLOYED: UNEMPLOYED: NOT IN LABOR FORCE:

ADDRESS IF DIFFERENT FROM APPLICANT:

NAME:	BIRTHDATE:	AGE:	RELATIONSHIP:

SERVICES REQUESTED: /RECEIVING FROM CAP (x requested * current clients)

	Emer. Energy Asst.		Tech. Asst. & Adv.		Jobs		Casework
	Weatherization		Head Start		Medical Asst.		R.E.A.C.H.
	Legal		Housing		Income Assistance		Other

I have read the above and find it true to the best of my knowledge ☐
in the event I am denied or dissatisfied with services I asked ☐
for, I have been informed of the appeals processes available to ☐
me. I have been informed of MCCAP's Confidentiality Policy ☐

30

APPLICANT SIGNATURE

MONTHLY EXPENSES

Amount		Amount		Amount		Amount	
	Rent		Child Care		Transportation		Other
	Utilities		Support		Medical		Other

NON-WAGE INCOME AND PARTICIPATING SERVICES

Amount OR 'X' AS APPROPRIATE		Amount	
	Aid to Families with Dependent Children(AFDC)		Support
	SSI/Assistance		Food Stamps
	Social Security		Unemployment Insurance
	Veterans Admin.		Section 8
	Other		

METHOD OF INCOME VERIFICATION _____

INCOME FROM WAGES

MONTHLY	Specific source of income Employment, Assistance, etc.	RATE,hrly,wkly, mthly,annually	GROSS
DEC.			
NOV.			
OCT.			
SEPT.			
AUG.			
JULY			
JUNE			
MAY			
APR.			
MAR.			
FEB.			
JAN.			
LAST 3 MONTHS _____ X4 _____		TOTAL 12 MONTHS	

equested Placement:
Home Base ___
Center Base ___
Home Start ___

Medicaid ___
H.S.B. ___
W.B.C. ___
Insurance ___

MCCAP HEAD START
ENROLLMENT APPLICATION

19___ - ___

Child's full name _____
Last First Middle

Person(s) living in home _____

Name of legal guardian _____

Address where living - directions _____

Person to contact for emergency _____
Phone _____

Family Doctor _____

Family Dentist _____

Mother _____
Last First Maiden

Working: Yes ___ No ___ Place of Work _____

Phone _____ Days/Hrs Worked M___, T___, W___, Thu___, Fri___

Interest in GED: Yes ___ No ___

Health (past and present; serious illness, accident, etc.)

Father _____
Last First

Marital Status _____ Occupation _____

Working: Yes ___ No ___ Place of Work _____

Phone _____ Days/Hrs Worked M___, T___, W___, Thu___, Fri___

Interest in GED: Yes ___ No ___

Health (past and present; serious illness, accident, etc.)

FAMILY LIFE

1. Home life (describe) _____

_____

_____

2. Languages spoken in the home _____
3. Father involved in child's life Yes _____ No _____
   If yes, to what extent? _____

_____

_____

4. Is there a male figure in child's life? Yes _____ No _____
   Grandfather ____ Uncle ____ Boyfriend ____
5. Interaction with siblings (describe) _____

_____

_____

6. Interaction with others in home (describe) _____

_____

_____

7. Educational/physical/emotional/social needs of the child: _____

_____

_____

sat up at _____ played pat-a-cake (transfer) _____

began to talk at _____ picked up first small object at _____

jumped at _____ child's favorite book _____

I give my permission for _____ to have all necessary medical examinations, TB tests, laboratory test, and screenings from physicians, dentists, and other health personnel for the Head Start program.

To the best of my knowledge the above information is true and correct. I give my permission for my child to be in Head Start. In understand the above information wil' be confidential. I also give permission for my name, address and phone number to be given to other parents for program communication purposes only.

DATE _____ SIGNATURE _____

Permission To
COLLECT
Information

This form protects your right to privacy as a client of Monroe County Community Action Program. It shows that we will not collect information about you unless you agree. We will handle this information in a responsible and private way.

I give my permission to (1) _____, (2) _____
CAP Worker Job Title

of M.C.C.A.P. (3) _____ Program to Collect the

following information:

(4) _____

_____

About: (5) _____
Name of Individual

For the purpose of:

(6) _____

_____

From the following agencies and/or persons:

(7) _____

_____

(8) I understand that relevant information can be shared with the staff of other M.C.C.A.P. programs *only* for the purposes of qualifying me for services requested by me.

(9) _____ (10) _____
CAP Worker Client

(11) _____
Relationship (if Applicable)

(12) _____
Date

Copy: Client
File _____

INSTRUCTIONS - "Collect Information" Form
(Numbers Correspond to Numbers on Attached Sheet)

1. Name of person filling out form and any other relevant person within the program who may need to collect information.

   In the case where a staff member, in addition to the staff person filling out the form, needs to collect information, it must be explained to the client who this person is and why he/she needs to collect this information.

2. Job titles of all persons who will be collecting information.

3. Name of Program: "Manpower", "Head Start", or in the case of Community Development, the specific program, i.e., "Housing", "Senior Citizens", etc.

4. List specific type of information, i.e., "medical records", "employment verification information", etc.

5. The name of person about whom information is being obtained (client).

   a. If the client is a minor, the authorization must be signed by one of the parents or a legally appointed guardian.

   b. In certain instances, when the client is a minor, married, or self-supporting and living apart from the parents' residence, he may sign his own authorization (emancipated minor)

   c. In the event the client is unable to sign the authorization by reason of physical or mental disability, the authorization should be signed by the next of kin or legally appointed guardian. If possible, verification of such disability should be obtained from a court or physician.

6. For the purpose of: must be specific and self-limiting. For example: To determine financial eligibility for a program, to determine appropriateness of work site, to determine curriculum.

7. Note: Each agency listed will receive a copy of this form. If more than one agency/person is listed, note whether clients confidentiality is in jeopardy by each agency/person knowing the other is being contacted. If so, use separate form for each agency/person being contacted.

8. Read statement to client and explain it to client. Explain that sharing of information between programs will take place only if client request services of another program and only to determine eligibility for program. However, explain to client the information will be shared with persons within the program from which client is obtaining services when necessary.

9. Signature of staff member filling out form.

10. Signature of client.

11. Relationship line - only necessary when parent or legal guardian is requesting services for a minor or a person with mental or physical disabilities. See "emancipated minor" note.

12. The date the form is completed.

13. Client receives xerox (carbon) copy of completed form. Fill in blank by "file" to note the file copies which are needed.

Permission To
RELEASE
Information

This form protects your right to privacy as a client of Monroe County Community Action Program. It shows that we will not release information about you unless you agree. We will handle this information in a responsible and private way.

I give my permission to (1) _____, (2) _____
CAP Worker — Job Title

of M.C.C.A.P. (3) _____ Program to release the

following information:

(4) _____

_____

About: (5) _____
Name of Individual

For the purpose of:

(6) _____

_____

To the following agencies and/or persons:

(7) _____

_____

(8) I understand that relevant information can be shared with the staff of other M.C.C.A.P. programs only for the purposes of qualifying me for services requested by me.

(9) _____ (10) _____
CAP Worker — Client

(11) _____
Relationship (if Applicable)

ATTENTION RECIPIENT OF INFORMATION

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

(12) _____
Date

Copy: Client
File _____

INSTRUCTIONS - "Release Information" Form

23 **(Numbers Correspond to Numbers on Attached Sheet)**

1. Name of person filling out form and any other relevant person within the program who may release information.

   In the case where a staff member, in addition to the staff person filling out the form, needs to release information, it must be explained to the client who this person is and why he/she needs to release this information.

2. Job titles of all persons who will be releasing information.

3. Name of Program: "Manpower", "Head Start", or in the case of Community Development, the specific program, i.e., "Housing", "Senior Citizens", etc.

4. List specific type of information, i.e., "medical records", "employment verification information", etc.

5. The name of person about whom information is being released (client).

   a. If the client is a minor, the authorization must be signed by one of the parents or a legally appointed guardian.

   b. In certain instances, when the client is a minor, married, or self-supporting and living apart from the parents' residence, he may sign his own authorization (emancipated minor)

   c. In the event the client is unable to sign the authorization by reason of physical or mental disability, the authorization should be signed by the next of kin or legally appointed guardian. If possible, verification of such disability should be obtained from a court or physician.

6. For the purpose of: must be specific and self-limiting. For example: To determine financial eligibility for a program, to determine appropriateness of work site, to determine curriculum.

7. Note: Each agency listed will receive a copy of this form. If more than one agency/person is listed, note whether clients confidentiality is in jeopardy by each agency/person knowing the other is being contacted. If so. use separate form for each agency/person to whom information is being released.

8. Read statement to client and explain it to client. Explain that sharing of information between programs will take place only if client request services of another program and only to determine eligibility for program. However, explain to client the information will be shared with persons within the program from which client is obtaining services when necessary.

9. Signature of staff member filling out form.

10. Signature of client.

11. Relationship [illegible] necessary when parent or legal guardian is requesting services for a minor or a person [illegible] physical disabilities. See "emancipated minor" note.

12. The date the form is completed.

37

13. Client receives xerox (carbon) copy of completed form. Fill in blank by "file" to note the file copies which are needed.

Head Start use only!
Periodic for 2nd
year enrollment

MCCAP HEAD START
309 W. Howe
Bloomington, IN 47401

PERIODIC HEALTH EVALUATION RECORD

NAME OF PATIENT _____ AGE _____

MEDICAL HISTORY

1. Previous hospitalization: Yes ___ No ___ If so, for what? _____
2. Is patient allergic to anything? Yes ___ No ___ If so, what? _____
3. Any previous illness? Yes ___ No ___ If so, what? _____
4. Any operations? Yes ___ No ___ If so, what? _____
5. Any physical handicaps? Yes ___ No ___ If so, what? _____
6. Is patient under care of a doctor? Yes ___ No ___ If so, for what reason? _____
7. Any history of mental retardation? Yes ___ No ___
8. Any history of convulsions? Yes ___ No ___
9. Any history of diabetes in family? Yes ___ No ___
10. Any history of heart trouble? Yes ___ No ___

HEALTH EXAMINATION

Procedures	Results	Date	Comments or restrictions
Height			
Weight			
Hemoglobin			
Urinalysis			

IMMUNIZATIONS

	Date
DPT #1	
DPT #2	
DPT #3	
DPT #4	
OPV #1 (oral polio)	
OPV #2	
OPV #3	
OPV #4	
MEASLES	
RUBELLA	
MUMPS	
TUBERCULIN SKIN TEST	

Screenings (Head Start use)

	Date	Results
VISUAL		
DENTAL		
HEARING		
HEMOGLOBIN		
URINALYSIS		

SIGNATURE OF PHYSICIAN

DATE

1st/3rd Year

MCCAP HEAD START
309 W. Howe
Bloomington, IN 47401

PARENT'S NAME _____ CHILD'S NAME _____

PHYSICAL EXAMINATION

HEIGHT		WEIGHT		AGE		BLOOD PRESSURE
IN. OR CM.	PERCENTILE	LB. OR KG.	PERCENTILE	YEARS	MONTHS	

DOES THE EXAMINATION REVEAL ANY ABNORMALITY IN:	ABNORMAL	NORMAL	NOT EXAMINED	
				HEMOGLOBIN
				URINALYSIS
GENERAL APPEARANCE, POSTURE				DESCRIBE FULLY ANY ABNORMAL FINDINGS
SPEECH				
BEHAVIOR DURING EXAMINATION				
SKIN				
EYES: EXTERNALS				
OPTIC FUNDI				
EARS: EXTERNAL AND CANALS				
TYMPANIC MEMBRANES				
NOSE, MOUTH, PHARYNX				
TEETH				
HEART				
LUNGS				
ABDOMEN (include Hernias)				
GENITALIA				
BONES, JOINTS, MUSCLES				
NEUROLOGICAL EXAMINATION				
OTHER				

DEVELOPMENTAL SCREENING EXAMINATION

	NORMAL FOR AGE	OTHER (EXPLAIN)	REMARKS
GROSS MOTOR FUNCTION			
FINE MOTOR AND MANIP-ULATIVE FUNCTIONS			
ADAPTIVE FUNCTION			
LANGUAGE FUNCTION			
PERSONAL-SOCIAL FUNCTION			

IMMUNIZATIONS

	DATE		DATE
DPT #1	_____	OPV #1 (oral polio)	_____
DPT #2	_____	OPV #2	_____
DPT #3	_____	OPV #3	_____
DPT #4	_____	OPV #4	_____
		MEASLES	_____
		RUBELLA	_____
		MUMPS	_____
		TUBERCULIN SKIN TEST	_____

SIGNATURE OF PHYSICIAN _____ DATE _____

MONROE COUNTY COMMUNITY ACTION HEAD START PROGRAM- 309 West Howe
Bloomington, IN. 47401
(812) 339-3447

HEALTH HISTORY INFORMATION SHEET

CHILD'S NAME _____ BIRTHDATE _____

PARENT'S NAME _____ DATE COMPLETED _____

PREGNANCY AND BIRTH HISTORY

PLACE OF DELIVERY (Name of Hospital) | DELIVERED BY:

PREVIOUS PREGNANCIES | ILLNESS OR COMPLICATION IN NEWBORN PERIOD

Total #	Miscarriages	Still Births

MOTHER HEALTH DURING THIS PREGNANCY: ____ Excellent ____Other (describe)

DELIVERY: ____Normal spontaneous vertex ____Other (describe)

BABY'S BIRTHWEIGHT | DID BABY ARRIVE: ____ON TIME; EARLY BY____WEEKS; LATE BY ____WEEKS

EARLY DEVELOPMENT

1. Did child have any trouble breathing after birth?_____
2. Was child kept in an incubator over 12 hours?_____; if so why?_____
3. Did child look blue or yellow after birth?_____; if so, how long?_____
4. Did child come home from hospital with mother?_____; if not, why?_____
5. Is child adopted?_____; How old was he/she when adopted?_____
6. Was child very active as a baby?_____
7. At what age did she/he sit alone?_____ Crawl?_____
8. At what age did she/he walk by self?_____
9. When did he/she learn to feed self?_____years.
10. Was toilet training a problem?_____ When was child completely trained?_____
11. When did child dress him/herself completely?_____ Learn to tie his/her shoes?_____
    Does child choose his/her own clothes?_____
12. With which hand does child eat?_____Draw or write?_____
    Throw or hit a ball?_____

ILLNESS HISTORY

HAS CHILD HAD OR DOES S/HE HAVE	YES	NO	DATE	DESCRIBE DETAILS OF ANY ITEM CHECKED "YES"
1. Measles (Rubeola)				
2. Mumps				
3. Chicken Pox				
4. Rubella (3-day or German)				
5. Whooping Cough				
6. Seizures, Fits, or Spells				
7. Tonsillectomy				
8. Any Hospitalization				
9. Exposure to Tuberculosis or Person with Chronic Cough				
10. Frequent Bedwetting now				
11. Any known chronic disease or handicapping condition				
12. Other serious illness except pneumonia				
13. Tend to have high fevers				

27

MOOD AND BEHAVIOR:

Within the past six months has your child: COMMENTS

1.	Had problems with toilet training during day/nite?	YES	NO
2.	Had frequent nightmares?	YES	NO
3.	Been very shy in front of others?	YES	NO
4.	Been overly clinging to parents?	YES	NO
5.	Appeared high strung or nervous?	YES	NO

Within the past six months has your child had:

1.	Trouble seeing far away or close up?	YES	NO
2.	A tendency for eyes to cross?	YES	NO
3.	Frequent ear aches or ear infections?	YES	NO
4.	Stuttering?	YES	NO
5.	Difficulty talking (being understood)?	YES	NO
6.	Trouble hearing?	YES	NO
7.	Frequent runny nose?	YES	NO
8.	Tendency to breathe through mouth?	YES	NO
9.	Frequent sore throat?	YES	NO
10.	Frequent nose bleeds for no reason?	YES	NO

Has your child ever:

1.	Developed rashes after eating certain foods?	YES	NO
2.	Had a serious reaction to bee sting or other insect?	YES	NO
3.	Had hay fever in spring or fall?	YES	NO
4.	Had runny nose or red, watery eyes when around animals?	YES	NO
5.	Developed rash or hay fever from wool, feathers or other material?	YES	NO
6.	Had periods of difficult breathing?	YES	NO
7.	Had a tendency to wheeze?	YES	NO
8.	Become short of breath when walking or climbing stairs?	YES	NO
9.	Had a convulsion or tremors from high fevor?	YES	NO
10.	Had short periods of looking off in space & seeming to be unaware of what is going on around him/her?	YES	NO
11.	Had dizzy spells or fainted?	YES	NO
12.	Had pain or swelling in joints or muscles?	YES	NO
13.	Seemed awkward?	YES	NO
14.	Had a broken bone?	YES	NO

Dental History

1.	Has your child ever been to the dentist?	YES	NO
2.	Previous Dentist When was last treatment		
3.	Is your child having a toothache: when eating at bedtime		
4.	Has your child fallen & chipped or injured any teeth? YES NO WHEN		
5.	Has your child ever had an unpleasant experience in a dental office?	YES	NO
6.	Is there any history of fingersucking, lip biting, or nail biting?	YES	NO
7.	Are there any eating, speech, or swallowing problems? (circle which)	YES	NO
8.	When are teeth cleaned at home? Supervised?	YES	NO
9.	Do you use dental floss?	YES	NO
10.	Do you floss your child's teeth?	YES	NO
11.	Any other pertinent information		

CHILD'S NAME _____

SPECIFIC EATING HABITS:

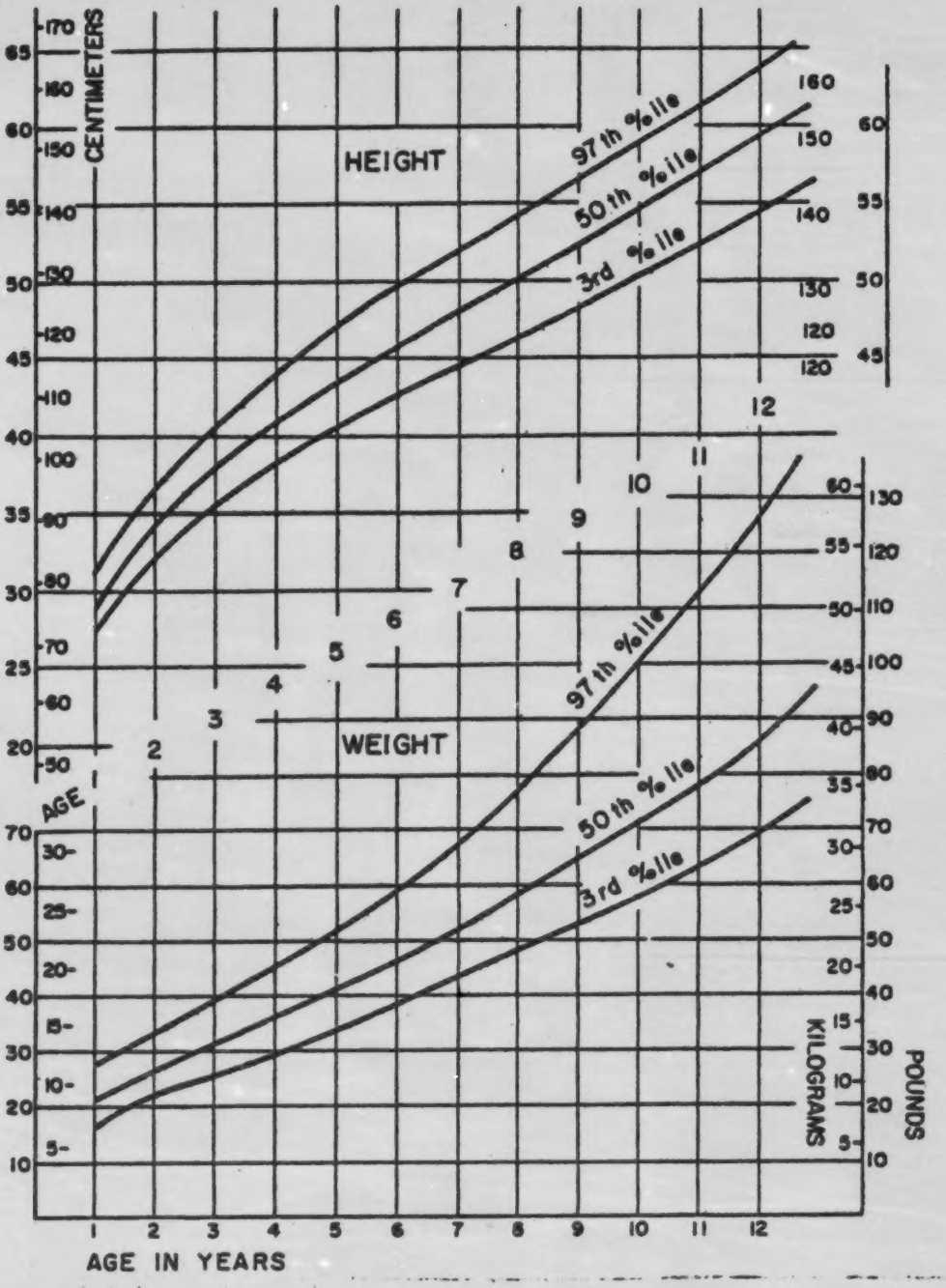
Food Groups	Likes	Dislikes
Fruit Juice		
Cereals		
Eggs		
Milk		
Cheese/Yogurt		
Potato/rice/pasta		
Green vegetable		
Yellow vegetable		
Meat/fish/chicken		
Fruit		
Soft drinks		
Between meal snacks		
Candy or sweets		

NUTRITION

Fill in the blanks below what your child has eaten in the past three days.

Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch
Supper	Supper	Supper
Snack	Snack	Snack

GROWTH CHART



HEIGHT AND WEIGHT

DATE	INCHES	POUNDS

DIAGNOSTIC REPORTING FORM

(This form is for reporting purposes only)

Child's Name: _____ Diagnostician's Name:

Address: _____ _____

_____ Title: _____

Parents: _____ _____

This form is for reporting purposes only! If, in your professional judgement, the child meets the statutory requirements of the following handicapping conditions (see attached definitions) the child will qualify for special services allotted by the federal government under the Head Start Program in providing comprehensive services to the handicapped child. Please check the appropriate blank(s).

_____ Blind

_____ Visually Impaired

_____ Deaf

_____ Hearing Impaired

_____ Physically Handicapped

_____ Speech Impaired

_____ Other Health or Developmentally Impaired

_____ Mentally Retarded

_____ Severe Emotional Disturbance

_____ Specific Learning Disability

Thank you very much for your time and consideration. Your input is a vital link in helping this child to reach his/her maximum potential.

Signed: _____

Date: _____

Copies to:
Agency
Diagnostician

PART III

INVOLVING PARENTS

PART III

INVOLVING PARENTS

Specialists in early childhood are usually in agreement regarding the primary impact and the continuing permanency of a family's influence on their young child's development. Family-oriented programs have proven to be the most effective intervention program in educating young children.

Historically a major component of the Head Start program has been parent involvement. A primary thrust has been to provide a planned program of experiences and activities which support and enhance the family's and the child's education and development. Researchers have found a relationship between child-rearing practices in the home and intellectual performance. Burton White suggests in The First Three Years of Life that this may already be apparent by the time the child is two or three years of age.

For every child, the family acts as a coordinator of educational resources and services for the child's developmental needs. For the handicapped child dependency on the strength of the ability of the family to deliver stimulation that provides compensation for their handicapping needs is greatly increased. Achieving participation of the parents of the handicapped child in the planning of goals and objectives for the child is critical. The earlier the parent becomes involved in the program, the stronger and more lasting will be the benefits of any program intervention for the child.

The Head Start program must raise the awareness of all parents of their importance in their child's life. It should help them acquire knowledge about their children's abilities, about how they as parents can be more effective in raising their

children and in providing the appropriate developmental stimulation.

Head Start has developed an interchange and communication with the public school systems that will provide parents and children a smoother transition in receiving services from another system. At all times parents are involved in that movement from Head Start to their first public school experience. During the first year they are free to call Head Start for any support needed.

Each component coordinator works to provide parents with knowledge of the community resources available for meeting the specific needs of the child. The Education Coordinator and the Family Service Coordinator are most specifically involved in this sharing. The specific responsibilities are divided as follows.

Responsibilities of the Education Coordinator include:

1) Providing parents with information about the rights of the child/parent
2) Acting as a resource to parents regarding availability of services in the community for the child/parent
3) Insuring optimal efforts are made for parent participation in the planning of the Individualized Education Plan (I.E.P.) for their child
4) Acting as advocate for parents in the community when needed, and
5) Providing parents with information regarding the diagnostic process

The Family Service Coordinator is responsible for:

1) Encouraging and facilitating parent involvement in appropriate classroom, center, and home program activities
2) Assisting parents in development of understanding their child's growth and developmental patterns
3) Maintaining open two-way communications with parents to encourage a free flow of information

4) Advocating for parents' concerns as appropriate with Head Start

5) Providing training opportunities for parents to increase their skills as related to the child's special needs.

For an optimal and appropriate comprehensive program to be assured, the child's parents are requested to provide

1) Consent for Head Start staff to collect information about their child and family

2) Consent for outside agency assessment of their child

3) Assistance in the development of the Individualized Education Program (I.E.P.) (this may mean a different placement)

4) Cooperation with Head Start in implementing the I.E.P. in both the center and home-based program

5) Attendance at case-conferences and with other M.C.C.S.C personnel if at all possible, and

6) Attendance when possible at training sessions that increase their technical abilities and skills for working with their handicapped child

When parents disagree with the assessment and identification of the specific handicap, the appropriateness of the instruction, with the counseling or special training that they are receiving as parents, they can appeal according to the policies and procedures that have been established by Head Start.

MCCAP Head Start

Appeals Procedures for Parents of Handicapped Children

Background

In order to better prepare parents of handicapped children to more effectively advocate for their children in the public school setting, the MCCAP Head Start Program has attempted to establish a system comparable to that mandated by PL 94-142 and Indiana Rule S1 as related to handicapped persons. The regulations have required that parents be given the opportunity to appeal assessments/placement decisions made by the school systems. Consequently, this Head Start program has also established a somewhat modified appeal process.

Applicability of Procedures

The procedures are applicable when a parent either in part or totally disagrees with 1) the identification of a specific handicapping condition or 2) the Individual Education Plan or 3) the special services recommended for the child by Head Start or the contracted service provider of the program.

Procedures

Notice to Parent

Step 1 - Head Start will follow HEW regulations and established communication procedures with all parents of handicapped or potentially handicapped children.

Step 2 - These parents will be informed of their rights and responsibilities with regards to PL 94-142 and Indiana Rule S1.

Step 3 - Parents will receive copies of tests, diagnostic reports, IEP's and other relevant materials leading to diagnosis and individualization of their child's special need. At all times parents will be encouraged to be involved.

Step 4 - A parent disagreeing in part or totally with any aspect (as stated in Applicability of Procedures) of the handicap indentification process may make an oral or written request for a meeting with the Head Start Director indicating the specific reason(s) for the request. This request must be made within 40 school days after the parent has been formally notified of the professional diagnosis/recommendations for a handicapping condition.

Step 5 - The parent will receive a copy of their written request or a summary of their oral statement along with date of tentative review meeting, names of participants, their right to review their child's records. The parent will be informed of their right to bring a resource person to the meeting. The meeting shall be conducted at a time and place which is reasonably convenient to the parent.

Appeal Process

Step 1 - When an appeal request is received by the Head Start Director, he/she will arrange a meeting with the parent(s) to review the situation, all relevant materials and information leading to the diagnosis, IEP or special services. The review will take place 15 school days from the date the appeal was received.

Step 2 - The Head Start Director or designee will establish participants of the review team. The team will primarily be: parent, teacher of child, an objective consultant acceptable to both parent and Head Start.

Step 3 - Within 10 school days from date of the review meeting , during office hours, the parents will be given access to all relevant Head Start records of their child.

Step 4 - The written results of the review meeting will be based upon the assessment of the impartial consultant and the final approval of the parent.

Step 5 - The parents will receive a copy of the written report within 2 weeks after the date of the meeting.

Step 6 - A written statement will be obtained from the parent as to their final placement decision for their child. This will be collected by the Head Start Director or designee within three weeks after the date of the review meeting.

Retention of records

Step 1 - All documents relating to the specific appeal and results taken will be maintained in the MCCAP Head Start files for a period of 3 (three years from date of submission).

Step 2 - Above records will be available for review by the parent(s) and appropriate ACYF officials/staff upon request.

MONROE COUNTY COMMUNITY ACTION PROGRAM

HEAD START

PARENT PERMISSION FOR EVALUATION

DATE _____

CHILD'S NAME _____

I have been given full explanation of the reason for additional evaluation that will be done by

_____

AGENCY

_____

DATE TIME

I understand that Head Start staff will provide any transportation that should be needed for my child or myself.

I have been given a copy, with full explanation of the following:

1. Referral for evaluation
2. Notice of rights of parents

_____

Parent/Guardian Signature

_____

DATE

MONROE COUNTY COMMUNITY ACTION PROGRAM

HEAD START

PARENT NOTICE OF CONFERENCE TO DEVELOP IEP

DATE _____

CHILD'S NAME _____

Dear Parent,

Our combined efforts have helped us to be better aware of your child's special needs. A conference to develop your child's Individualized Education Program (IEP) is scheduled for,

_____DATE_____TIME_____

_____PLACE

It is your right to be a part of the planning of the specific and appropriate setting of goals and objectives for your child. Your child needs you to be involved. We need the assistance that you can give from a parent's perspective regarding your child's abilities. There are many skills and concepts that you would want your child to acquire. Now is an opportunity to help develop that learning program.

Please sign at the bottom of this letter and return to M.C.C.A.P. Head Start. This acknowledges your agreement to the date and time.

Sincerely,

Education Coordinator
M.C.C.A.P. Head Start

TEAR OFF

I.E.P. Conference scheduled for,

_____DATE_____TIME_____

_____PLACE

TRANSPORTATION NEEDED _____YES _____NO

PARENT SIGNATURE_____

DATE_____

MONROE COUNTY COMMUNITY ACTION PROGRAM

HEAD START

NOTICE OF PARENTS RIGHTS

1. Protection in Identification

The parent has the right to aid in the assessment of his child's educational needs and helth needs. At all times the parent has the right to be involved in the assembly of all relevant data and reports concerning his child.

a. All tests and other evaluation materials and procedures used for the purposes of evaluation and placement of handicapped children are administered by professional diagnosticians.

b. No single procedure is used as the sole criterion for determining an appropriate educational program for the child.

c. The evaluation referral is made by a multidisciplinary team which includes the child's teacher, the Social Service Coordinator, the Family Service Coordinator, the Education Coordinator, the Health Service Coordinator, and the parent.

2. Confidentiality

The parent is assured that any information gathered will be used in the strictest manner of confidentiality in the child's and the parent's best interest. Parental consent will be obtained before personally identifiable information is disclosed to anyone other than officials of the M.C.C.A.P. Head Start Program.

3. Federal and State Laws

The parent has the right to examine all Federal and State laws and rules pertaining to the handicapped child. This information is available in the office of the Education Coordinator, Head Start, M.C.C.A.P.

4. Futher Questions

The parent may contact other organizations and agencies for additional information:

Mental Health Association of Monroe County 219 E. 4th Bloomington 339-2803

Community Coordinated Child Care of Bloomington 956 Commons Drive Bloomington 332-0519

5. Additional Evaluations

The parent may obtain an independent educational evaluation of the child. Head Start will provide the parent on request, information for acquiring an independent educational evaluation.

6. Individual Educational Program

Within ten school days after identification of specific needs for a handicap, a Team Assessment with the parent in attendance will prepare the child's Individualized Education Program. A written report shall designate the appropriate placement, resources, and services that will maximize the child's total development.

The I.E.P. will specifically include the following:

1. A statement of the student's present levels of educational performance;
2. A statement of long-term goals and short-term instructional objectives;
3. A statement of the specific special education and related services to be provided, including times and transportation (if funding is available);
4. The appropriate objective criteria and evaluation procedures and schedules for determining whether the short-term instructional objectives are being achieved.

An annual case review conference will be conducted by the Education Coordinator and appropriate staff on each child who is receiving special education in order to review the child's I.E.P. and to revise. Revisions done on I.E.P.'s in May for children who will be entering a public school system the following fall will be forwarded to the appropriate school system.

CAP
MONROE COUNTY COMMUNITY ACTION PROGRAM, INC.
309 W. Howe St. Bloomington, In.47401/812-339-3447

Policy and Procedures for Parent Review of their Child's Cumulative Folder

On five day's notice parents or guardians have the right to request a review of information contained in their child's folder.

1. This request must be made of the program Director who will schedule an appointment.

2. The folder will not be given to the parent. The contents will be discussed with the parent during the appointed time.

3. If the file contains documents that may require professional interpretation, the Director may require the presence of such professionals during the conference.

4. If during the course of the conference it becomes apparent that further clarification of file material is needed the Director will schedule another appointment including the parent and author of the material.

Parents have the right to challenge the accuracy of material that may be used to cause labeling of a child.

1. In the event that the procedures explained in #3 and #4 above do not satisfy the parents' concern the parent may at their own expense obtain a professional diagnosis or recommendation.

2. This new information would then replace the questioned material in the child's folder and be used appropriately.

PART III

INVOLVING PARENTS

TIME FRAME	ACTIVITY	INITIATOR
August/September	Parent release for collecting information	Social Service Coordinator
September	Parent release for health screening	Social Service Coordinator
October	Provide parents with information about the rights of child/parent	Education Coordinator
October	Parents sign special service forms	Education Coordinator
November	Arranging for parents to participate in planning the I.E.P.	Education Coordinator
mid-November	Providing training for specific skills in stimulating child in his/her home environment	Family Service Coordinator
mid-February	Encouraging parents to be involved in 2nd assessment	Education Coordinator
April	Providing parent information appropriate to the individual child's program	Total Staff Activity

PART IV

PROVIDING APPROPRIATE PROGRAM

PART IV

PROVIDING APPROPRIATE PROGRAM

While Head Start has become synonymous with comprehensive services planned to meet the needs of the *total* child, Congress mandated Head Start to increase the priority given to handicapped children. The ten percent of the Head Start population to be focused on was defined as those "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related services."

In addition to assessing the full range of comprehensive services normally provided to all Head Start children, the program services are strictly monitered to assess the special and specific needs of the handicapped child within the time frame of ninety school days given by the H.E.W. guidelines.

A child may have entered Head Start already identified as handicapped by the H.E.W. guidelines due to referral from a community agency, a local pediatrician, or by parental knowledge.

Typically, an initial referral is written by the teacher to the Education Coordinator. This referral is the teacher's indication that she suspects additional staff observation is needed. The other members of the Team Assessment are notified of the referral by the Education Coordinator and the child is scheduled for a Team Assessment in mid-October.

During the Team Assessment a decision is made whether further action needs to be continued. If it is determined that action

is to be continued, the teacher is given another referral form. The teacher is asked to zero-in on exactly which behavior needs to be more closely focused on by others (who, how, when, what, and why).

The Education Coordinator indicates the staff member contacting the parent for specific permission for outside agencies to do screening, collects teacher Request for Referral form, submits referrals to the appropriate diagnostic agency, and schedules screenings with the agency. (The referral form has the parental permission form attached to it when it goes to the agency.)

Philosophically, the Head Start effort has aimed its dollars in intervention toward giving the children of impoverished socio-economic backgrounds a head start for their public school experiences. Making opportunities for parents to see themselves as more effective managers of the interaction of society and their children has been a priority. It is not surprising then that in the subsequent leadership of the H.E.W. guidelines, Head Start programs have been directed to coordinate their activities with the community policies and procedures and especially where possible with the public school systems.

P.L. 94-142, The Education of All Handicapped Children Act establishes the State as regulatory agent for interpretation within the Act. Indiana Rule S-1 sets specific time lines for certain obligatory program services to occur. The Monroe Joint Special Education Coorperative includes all Monroe County Schools. In complying with H.E.W. guidelines and goals for smoothing the transition into public school systems and facilitating continuance of special services, the M.C.C.A.P. Head Start has consequently endeavored to strengthen the opportunity for goal actualization by adopting the same time frame within the ninety school day comprehensive screening and assessment deadline.

The educational planning that follows the report of the

professional diagnosticians includes the addition of the parent to the Team Assessment when possible. If it is necessary to again meet, the Education Coordinator has the responsibility of scheduling the meeting with the Social Service Coordinator, Family Services Coordinator, Nurse, Teacher, Teacher Aide, Parent, and when essential the Professional Diagnostician.

Part of the contract with the professional diagnostic agencies is assisting the individual teacher in the development of goals, target behaviors, and strategies for an optimum individualized program. Each member of the Team Assessment is responsible for providing the individual goal and instructional objective in the coordinator's area of expertise, in a manner that state specific behavior expected of the child by a set time frame.

The I.E.P. must include all the developmental areas in growth and development, social-emotional development, educational development, motor development, and communication development.

The I.E.P. must include information about the child's present levels of educational performance with the dates observed and tests included. Long term and short term goals are stated. The specific special education and related services the child will receive must be stated in the exact number, length, type of sessions (group or individual), consultant, and amount of needed parent/teacher involvement. It must also include the exact date for evaluating whether the objective had been reached.

The statements in the I.E.P. must specify what the child will be able to do as a consequence of instruction. The I.E.P. goals should be stated in observable behaviors. Regardless of the person reading the I.E.P. the objectives should be stated in observable behaviors that can be constructed in only one way in the reader's mind. The condition under which the behavior is to be expected and evaluated should be included in the statement. The third element in the statement is the criterion

level for acceptance of performance, in other words how many times performed demonstrates mastery or competence.

If a child can not be provided an appropriate educational program within the mainstream of Head Start, recommendations for alternative programs are made to parents. Parents can be accompanied by Head Start staff to the alternate program to observe the type of program services available to their child. A conference is scheduled by the Education Coordinator and the appropriate persons with the parent. The greatest effort to help the family and child receive maximum services in a non-threatening way is exercised by the Head Start personnel.

Staff who need additional training and resources to provide the optimal intervention strategy in overcoming the specific handicapping condition are individually scheduled for specific training sessions by the Education Coordinator. Where the training would be beneficial to the staff collectively a trainer or consultant is brought in for an in-service training session. Any training sessions that would be valuable to parents are made available. Special effort is made to get parents of handicapped children at these sessions.

Special diets or nutritional services for the child are either worked out with the catering service (MCCSC Hot Lunch Program), or by a dietitian and the Health Service Coordinator.

The Health Service Coordinator contacts those specialists who will work with handicapped children for follow-up work, i.e. dentists. It is within the Health Service Coordinator's preview to alert those professionals who will be involved in the delivery of services of children with special handicapping conditions and particularly needs of these children that potentially or predictably may occur while visiting the professional. This smooths anxiety for the child and often avoids frustration for the professional.

Where the handicapping condition requires family counseling, the Social Service Coordinator works with the Mental Health Provider in insuring that the child and family receive these services.

INDIVIDUAL SERVICE PLAN (ISP)
School Year 19__ to 19__

Child Name _____
Last First Middle

Birthdate ___/___/_____ Teacher: _____
yr. mo. day

Present Placement: Home Start___ Home/Center Base _____ Center Base_____

Current Level of Functioning: _____

_____

_____

_____

_____

Referrals for assessment: _____

_____

Conference Participants _____
Facilitator

Date of Conference _____

_____ _____

_____ _____

_____ _____

Date ISP implemented ____/____
year month

Date or Review (parents) ____/____
year month

(teacher) ____/____/____/____
year month year month

(Ed. Coord.) ____/____/____/____
year month year month

Prioritizing Long Term Goals: Area:

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____
7. _____ _____
8. _____ _____
9. _____ _____
10. _____ _____

INDIVIDUAL SERVICE PLAN FOR _____

Special Services to be Provided:

Services Required	Date Initiated	Duration of Service	Provider

I have had the opportunity to participate in the development of this Individual Service Plan.

I agree with this Individual Service Plan. ☐

I disagree with this Individual Service Plan and have been informed of the appeal processes. ☐

_____ _____

Date Parent's Signature

Annual Goal: _____

_____

Entry level functioning: _____

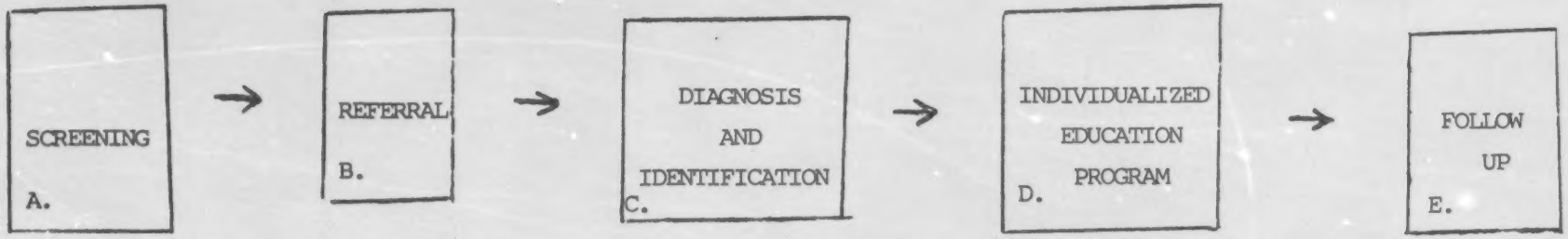
_____

Short-term objectives (who does what, when, how often)	Special methods and materials	Evaluation Procedures to be used	TIME LINE		
			Begin	Review	Achieved

PART IV

PROVIDING APPROPRIATE PROGRAM

SERVICE FLOW CHART



A. Involves health and educational assessments for all children (see Part II of Manual); involves staff development in observation

B. Involves Team Assessment; Parent/teacher conference; securing evaluation Permission Form; submitting Request for Referral (see Part II of Manual)

C. Involves diagnosis by outside agencies according to Head Start definitions; Transportation assistance is provided by Head Start (see Part II of Manual)

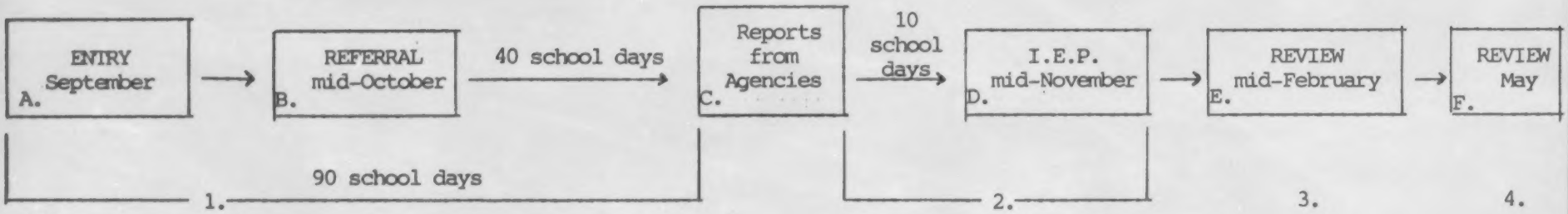
D. Involves teacher, Education Coordinator, parents, professional diagnosticians and other members of the Team Assessment as needed. Stating baseline performance goals and objective time frame; evaluation procedure and date (see Part III and IV of Manual)

E. Involves the Education Coordinator monitering to see that IEP is being implemented (see Part IV of Manual); Involves coordination of specialized staff and parent training and securing technica assistance

PART IV

PROVIDING APPROPRIATE PROGRAM

TIME FLOW CHART



1. Between A. and C., the H.E.W. guidelines allow ninety days to complete all health and developmental assessment and screening for the children enrolling in Head Start

   a) Hearing Screening
   b) Hemoglobin or Hematrocrit Determination
   c) Dental Screening
   d) Growth Assessment/Physical Examination
   e) Vision Screening
   f) Health History
   g) Speech and Language Screening
   h) Denver Developmental Screening Test
   i) Teacher Assessment Checklist
   j) professional diagnostic agency report

2. Familiarizing parents with the expectation for an Individualized Education Plan that is specifically written for their child, ten school days allowed to formalize the I.E.P.

3. All children have their 2nd up-date on the Head Start Child Assessment. For some, this may mean revised I.E.P.'s.

4. Again the Head Start program does a third assessment of all children. For all handicapped children this is an expected end of year review and revision of the I.E.P.

PART IV

PROVIDING APPROPRIATE PROGRAM

TIME FRAME	ACTIVITY	INITIATOR
	Developmental Assessment	
October (First, second week)	Team Assessment scheduled (Team includes Social Service Coordinator, Health Services Coordinator, Education Coordinator, Family Service Coordinator, Speech Therapist, Teacher, Teacher Aide)	Education Coordinator
mid-October	Monthly assessment process begins	Teacher
	Referral System Begins	
mid-October	Teacher Referral Form completed	Teacher
end of October	Parent Release Form for additional screening by outside agency	Education Coordinator
end of October	Teacher Referral Form submitted to appropriate diagnostic team: 1) Mental Health Service Provider 2) Developmental/Disability Provider	Education Coordinator
Scheduled appointment	Transportation to diagnostic center provided as needed	Education Coordinator
Within 40 school days of receipt of referral	Diagnostic evaluations completed and written reports returned (Follow-up assessments must occur annually)	Contracted diagnostic agency
Within 10 school days of receipt of Diagnostic Report	Interpretation to Parent of Diagnostic Report	Education Coordinator
mid-November	Individual Educational Plan (Team Assessment plus parent as possible)	Education Coordinator

Within 20 days of receipt of Diagnostic Report	Transfer decisions completed	Parent
Within 20 days of receipt of Diagnostic Report	Needed staff training for dealing with special needs	Education Coordinato
on-going as specified in I.E.P.	Special Services, Consultations, Resources needed	Education Coordinato
	Evaluation	
mid-February	2nd Head Start Child Assessment revision completed	Education Coordinato
mid-February	I.E.P. reviewed, revised	Teacher, Education Coordinator (Team Assessment and parent as needed)
May	3rd Head Start Child Assessment revision completed	Education Coordinato
May	I.E.P. reviewed, revised	Teacher, Education Coordinator (Team Assessment and parent as needed)

DIAGNOSTIC REFERRAL FORM

REFERRAL AGENCY:

CHILD'S NAME:

ADDRESS:

BIRTHDATE:

AGE AT TIME FOR REFERRAL: _____yrs. _____mos.

TEACHER'S NAME:

PLACEMENT: Center Base _____ Home Center Base _____ Home Start _____

AM _____ PM _____ M_____ T_____ W_____ TH_____ F_____

1. What situations, methods or tests did you use that were the impetus for this referral? Please list.

2. Specify how Referral Agency can be of most assistance to you with this child.

3. What specific concerns, if any, has the parent related to you regarding this child and his/her development?

4. What initial services can Referral Agency provide for this child based on the information you have?

Referral approved _____
Education Coordinator

_____
Date

(Xerox copy to be given parent.)

Please include the following information in the diagnostic report:

List the instruments and/or procedures that you utilized in making this diagnosis/assessment.

What realistic expectations can be set for this child when planning yearly goals in the areas of language, gross motor, fine motor, socialization, self-help and cognitive.

Are there any physical limitation or special consideration for this child?

Special equipment, devices or modifications required for this child?

List the specific <u>strengths</u> and <u>weaknesses</u> of this child which you observed during the diagnostic process. This information will be used in developing a comprehensive educational, social service, and health plan for this child.

What additional recommendation or suggestions do you feel could be incorporated in an effective individual program?

KEY

White: originator's file copy
Yellow: respondent's file copy
Pink: return to originator

MONROE COUNTY COMMUNITY ACTION PROGRAM, INC.

REFERRAL/RESPONSE FORM

Respondent: _____ Date: _____

Originator: _____

Client: _____ Phone: _____

Problem(s): _____

_____

_____

Response: _____

_____

_____

_____ Date: _____

PART V

TRANSITION TO PUBLIC SCHOOL

PART V

TRANSITION TO PUBLIC SCHOOL

Today the family remains the primary influence in the young child's development without respect of qualifications or preparedness. Educators recognize that active parent participation is critical to the child's sucessful development along program goals. Increased participation by all family members appears to be desirable.

PL 94-142 has increased the level of consciousness of both parents and educators of the importance of parental involvement. The new federal mandate has provided parents with an avenue to obtain the information they need about their children, has provided them with a process to appeal if they disagree with a decision made about their child, and has provided them with greater distribution of information of community resources they can use in educating their children.

Head Start historically involves parents in a team effort to bring comprehensive services and resources to the young child. Parents serve in advisory planning, implementing and evaluating roles of the typical Head Start program.

A joint concern by the local public schools and the Head Start staff to continue to support the maximum initial interaction of parents(particularly parents of handicapped children) in a child's school experience has initiated a cooperative effort by the groups mentioned to unify efforts toward this common goal.

In 1979-80 M.C.C.A.P. received a grant to develop a more comprehensive and coordinated system with the local school corporation to insure appropriate placement and

follow-up services to Head Start children. This is referred to as the I.S.P. (Individual Service Plan).

The public school system has been especially vigorous in participating in the development of a transition model that can most benefit these children and their families. The lack of funding and the excessive work loads of the personnel who have contributed to the formation of a written plan has emphasized the mutual commitment between Head Start and the public schools for young children with special needs.

The transition is a team effort of the Head Start teachers identifying present performance; of the local school case conference coordinator specifying additional assessments needed; of the parents consenting to assessment and placement; and the team following through until the child and family experience successful communication (or through the first year of public school). At all times the team has a mutual exchange of information. Both parents and public school personnel may return to the Head Start staff for cooperation. No child or parent is left adrift.

Each spring the school system organizes a "Project Seek Program" to identify and assess handicapped children in the county. The Head Start Education Coordinator and Social Service Coordinator work with the public schools to obtain diagnostic services for Head Start children according to the provisions of P.L. 94-142 and Indiana Rule S-1.

To assure that a child leaving Head Start with on-going needs will receive special services from the public school system for the next year, the child's case must be reviewed in an official case conference.

Together, Head Start staff and the public school system have developed the Individual Service Plan. The plan has attempted to spell out the steps to be followed for initial case conferences. The effectiveness of this cooperative

effort toward developing the plan will be evaluated and revised if necessary in the Spring of 1981.

The general method of referral and case conference will be:

1) The Head Start Education Coordinator will contact the public school Handicap Services Coordinator in September to determine any changes in procedure for the year.

2) A mid-year case conference of Head Start staff will address itself to the question of the child's public school placement needs.

3) If the group decides special education is advisable, the Head Start Social Service Coordinator should talk with the parents about this possibility.

4) If the parents wish their child to receive special services, the Head Start Education Coordinator will contact the public school Handicap Service Coordinator to establish number of children needing initial assessments and arrange for information sharing and pre-case conferences. A copy of the parent permission for the pre-case conference will be given to the public school Handicap Service Coordinator prior to the meeting.

5) Before a Pre-Case Conference can be scheduled the following documents must be received by the Special Education Office:

   a) A written report from the child's Head Start teacher about the child's behavior in the classroom. These reports should be typed on agency stationery and signed by both teacher and assistant as appropriate.

   b) The Education Coordintaor will also write a report and include <u>precise</u> information based on testing, the Head Start Assessment form, etc., on what the child can/cannot do, how he/she learns (strong and weak modalities, rate of learning) and on how he/she interacts with other children and with adults.

   c) Written reports from any outside consultants who have worked with the child: pshychological report, speech and hearing pathologists, mental health service provider, developmental/disability provider, etc. It will be the Education Coordinator's responsibility to see to it that these reports are forwarded to the local school corporation.

6) The Head Start Social Service Coordinator will explain the Pre-Case Conference procedure with the parents and go over the law regarding special education placement (Rule S-1) and the rights of the child and parent. She/he will help them understand all correspondence from the local school system. She/he will alert them that they will get a letter announcing a second conference and inviting them to attend, and another letter telling them the results of the conference and asking their approval in writing for whatever placement seems best. She/he will help them to attend the conferences, make sure they know what is happening during them and help them decide whether or not to accept the placement recommended. She/he will encourage them to participate in the decision about the child's education without their expressed, written consent.

7) In late August the Head Start Education Coordinator will contact the public school Handicap Coordinator to insure that records have been received and disbursed to appropriate schools.

8) In September Head Start teachers will accompany the parent(s) and special needs child to the public school on enrollment day for the child.

9) Head Start will be cooperative with local schools regarding open communication as core capability allows and as it contributes to the best interest of the child and family.

Potentially eight separate and distinct types of helping behaviors occur for the child and family, These include:

1) Developmental learning assessment

2) Early identification of special needs

3) Initial contact with supportive persons in the public school system on familiar turf

4) Individualized Education Plan ready to take to public school that parent helped make

5) Transportation assistance to meetings when possible and if necessary

6) Follow through by Head Start staff to see child's placement records are where they are supposed to be

7) Accompaniment of Head Start staff on enrollment day for child in public school program

8) Open communication with Head Start during child's first year in public school

These types of assistances are reviewed annually and are revised to better support the child and family in transition to the public school system. Two persons remain key to the success of this process:

1) the Head Start Education Coordinator and

2) the M.C.C.S.C Coordinator of Elementary Education Special Services Programming.

The M.C.C.S.C. Special Education is a part of the Monroe Joint Special Education Cooperative. The process through which children are referred to their special education program is described in their manual Special Education Referral Procedures.

Children moving from M.C.C.A.P. Head Start to the public school systems follow those referral procedures. Head Start staff will be annually trained/up-dated in the use of this manual, the procedures, and especially the use of the Thesarus of Instructional Objectives Individualized Education Programs, M.C.C.S.C., Special Education Department. The training is provided by the Education Coordinator or designee.

PART V

TRANSITION TO PUBLIC SCHOOL

TIME FRAME	ACTIVITY	INITIATOR
Prior to mid-January	Pre-Case Conferences Dates Established	Head Start
Before February 1	Training for Head Start Staff for Pre-Case Conferences	Head Start
February	Pre-Case Conferences at Head Start; includes M.C.C.S.C Case Conference Coordinator, Head Start Team, Parents; will determine other assessments needed at this meeting Needed for Pre-Case Conferences are: a) child's portfolio of assessments b) Permission forms from Parents c) Mutual Exchange of Information Consent form	MCCSC/Head Start
March	Additional Assessments Secured	MCCSC
April (within 40 school days from February Pre-Case Conference)	Conference determining IEP for First grade; includes MCCSC Case Conference Coordinator, Head Start Team, Parents	MCCSC
Within 10 school days after 2nd Conference	Carbon copy of placement decision sent to parents and Head Start; includes IEP, specific objectives, program, auxilary services	MCCSC
August	a) Head Start checks with parent b) Head Start checks with Placement School (if forms not there contact public school Handicap Services Coordinator)	Head Start

First Grade Enrollment Date	Enrollment with placement teacher, includes Head Start Teacher, parent, child, (if the placement teacher does not have forms, Head Start staff is to take child's file to the Administration offices and xerox a copy to leave with placement teacher)	Head Start
Throughout first grade	Head Start will be cooperative with open communication with public schools as core capability allows; will work in best interests of child and family	MCCSC

MONROE COUNTY COMMUNITY ACTION PROGRAM

HEAD START

PARENT NOTICE OF PRE-CASE CONFERENCE

DATE _____

CHILD'S NAME _____

FAMILY NAME _____

A pre-case conference has been requested by the Head Start staff with the Case Conference Coordinator of Monroe County Community School Corporation to discuss your child's placement in the fall.

On _____

_____ at the Head Start Center we will meet with _____

_____. The purpose and desires for the meeting have been fully explained to parents.

Transportation will be provided at _____.

_____
Parents signature

_____
Date

(Form sent out by MCCSC; Head Start follows up by telephone)

PART VI

MANAGEMENT AND FISCAL RESPONSIBILITY

PART VI

MANAGEMENT AND FISCAL RESPONSIBILITY

The effectiveness of the total Handicap Effort at M.C.C.A.P. Head Start rests with the Director of the program. Delegating total responsibility for programming to the Education Coordinator, the Head Start Director retains direct responsibility for the public relations and fiscal management, such as writing proposals, working with the Parent Policy Council, and obtaining Agency approval. (Figure 1)

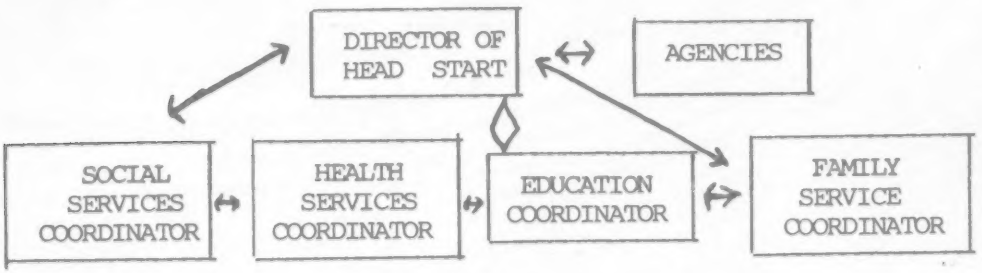


Figure 1. Structural Administration Flow Chart

The major responsibility of supervising the programming for the M.C.C.A.P. Handicap Effort rests with the Education Coordinator who in essence becomes the Handicapped Services Coordinator. (Figure 2)

The Education Coordinator negotiates contracts with other providers.

The Education Coordinator insures all children who enter M.C.C.A.P. Head Start have complete up-to-date records. As Handicapped Services Coordinator she/he moniters contractual

compliance of service agencies; schedules Team Assessment meetings; schedules training sessions for staff and parents; and moniters implementation of I.E.P.'s.

These duties of the Education Coordinator incorporate the cooperative effort with the public school system to continue services when the child enters public school. This involves contacting the public school Handicap Services Coordinator, scheduling, follow-up.

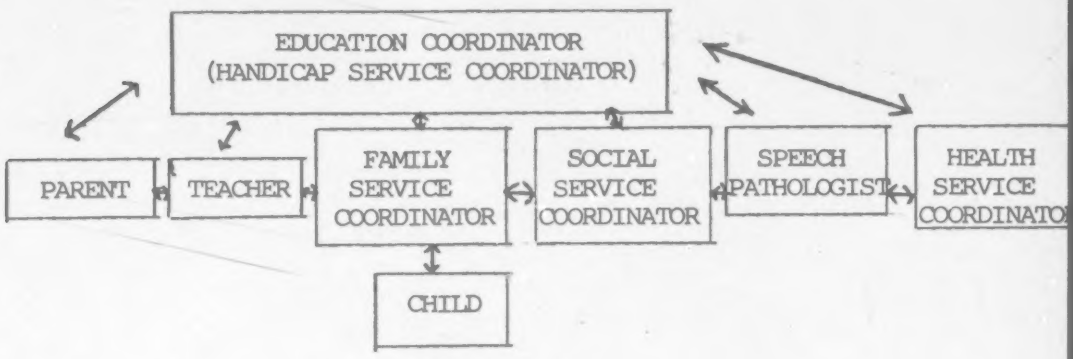


Figure 2. Handicap Services Flow Chart

Other Head Start staff are assigned responsibility for specific tasks in carrying out the M.C.C.A.P. Head Start Handicap Effort.

The Social Service Coordinator is responsible for seeing that the following areas of concern have been taken care of:

1) Intake interviews, training part-time staff to do Intake, keeping revision needs for Intake Form in mind, monitering Intake for ten percent handicap enrollment
2) Obtaining Release Forms, collecting information, delegates obtaining documentation of handicap diagnosis
3) Member of Team Assessment
4) Participating in development of I.E.P. as needed

5) Counseling families and children

6) Assists in locating transportation when needed

The work of the Health Service Coordinator covers the complete realm of physical needs:

1) Providing Health screenings

2) Obtaining documentation of health related areas

3) Maintaining health records

4) Member of Team Assessment

5) Participates in I.E.P. as needed

6) Keeps in tune with follow-up needs of the children

Among the demands on the Family Service Coordinator are:

1) Providing information to parents and staff

2) Involving parents in the program

3) Member of Team Assessment

4) Participates in I.E.P. as needed

5) Follow-up with parents

The Speech Pathologist is a most valuable resource for parents and teachers alike. When funding permits the position, the responsibilities include:

1) Speech and hearing screenings

2) Providing training to parents and teachers

3) Member of Team Assessment

4) Participates in I.E.P. as needed

5) Follow-up

Responsibilities of teachers include:

1) Observation and assessment

2) Referral forms

3) Member of Team Assessment

4) Writing I.E.P.'s

5) Follow-up

Community agencies have their specific roles defined in contracts reviewed and renewed annually if approved. The span of their responsibilities include:

1) Diagnosis
2) Documentation
3) Suggestions and helps for teachers
4) Additional services as contracted

When the child prepares to move into the public school system, the intent is to sustain the delivery of special services. Responsibility moves to a cooperative effort between the Head Start Education Coordinator and the public school Handicap Services Coordinator.

The public school Handicap Services Coordinator provides the following assistances:

1) Reviewing approved and relevant evaluations
2) Meeting with Head Start staff and parents at the Head Start Center
3) Completing diagnostic testing for public school handicap services
4) Sending copies of all reports regarding a Head Start child and family to Head Start during their first year in public school
5) Maintaining open communication with Head Start during the Head Start child's first year in the public school system, and
6) Participating in the revision of the procedural details that have been cooperatively developed as needed

PART VI

MANAGEMENT AND FISCAL RESPONSIBILITY

TIME FRAME	ACTIVITY	INITIATOR
August-September	Accompany Head Start children with special needs to public school	Social Service Coordinator, delegate
August-September	Recruitment	Social Service Coordinator
August-September	Enrollment	Social Service Coordinator
October-November	Screening, Assessment, and Diagnosis Health Screening, Speech and Hearing Screening, Developmental Assessments	Health Service Coordinator, Speech Pathologist, Teachers and Diagnostic Agencies
November	I.E.P.	Teachers
November	I Quarterly Report	Director
December	Handicap needs assessment	Director
December	Initiates communication with public school systems Handicap Services Coordinators	Education Coordinator
January	Program information review, H.E.W. data (PIR)	Education Coordinator
February	Prepare grant proposal	Director and Parent Policy Council
February	II Quarterly Report	Director
February	Survey of Handicap Efforts, submit to H.E.W.	Education Coordinator
mid-February	Pre-Case Conference scheduled for children entering public school in fall	Education Coordinator

mid-February	2nd Head Start Child Assessment completed, I.E.P.'s reviewed, revised	Education Coordinator
April	Parent Policy Council approval of proposal	Director
April-May	Public relations activities	Director
April-May	Placement decisions received from public schools	Education Coordinator
May	3rd Head Start Child Assessment completed, I.E.P.'s reviewed, revised	Education Coordinator
May	M.C.C.A.P. Board approval of proposal	Director
May	Proposal submitted to Region V H.E.W	Director
May	Program information review (H.E.W. date)	Director
May	III Quarterly report	Director
August	Receive proposal approval from Region V H.E.W.	Director
August	IV Quarterly report	Director

APPENDIX A

TIME FRAME CONTINUUM FOR DELIVERY

APPENDIX A

TIME FRAME CONTINUUM FOR DELIVERY

TIME FRAME	ACTIVITY	INITIATOR
Entry into Head Start	1) Intake interview, Recorded behavior of child; parents	Social Service Coordinator
During first month	2) Assessment of behavior in center (home)	Teacher, Auxilary Staff
By first week in October	3) Team Assessment	Head Start Team
During October	4) Parent Conference	Teacher
	a) Written record of conference with copy for parent	
	b) Permission form for agency referral	Social Service Coordinator
	c) Form notifying parents of their rights	Social Service Coordinator
Within 40 school days of receipt of referral	5) Agency Evaluations Obtained	Education Coordinator
	a) Duplicate forms provided for parents	
Within 10 days following receipt of agency evaluations	6) Plan I.E.P. with parent	Teacher (Members of Team Assessment as needed
April	7) Review I.E.P. with parent, obtain parent permission for additional evaluations needed for fall	Teacher (Members of Team Assessment as needed)

Fall, within first 10 days of school session	8) Request needed evaluations	Education Coordinator
Within 40 days	9) Plan I.E.P. with parent	Teacher (Members of Team Assessment as needed)
Repeat 7,8,9, in April or go to Transition to M.C.C.S.C. Time Frame		
	Transition to M.C.C.S.C. Time Frame	
Prior to mid-January	1) Pre-Case Conferences Dates Established	Education Coordinator
February	2) Pre-Case Conference at Head Start; includes M.C.C.S.C Case Conference Coordinator, Head Start Team Assessment, Parents; at this time dtermine other assessments needed	Education Coordinator
	Needed:	
	a) child's portfolio of assessments	Education Coordinator
	b) Permission forms from parents	Social Service Coordinator
	c) Mutual Exchange of Information Consent	Social Service Coordinator
March	3) Additional Assessments Secured	M.C.C.S.C Case Conference Coordinator
April (within 40 school days from February Pre-Case Conference	4) Conference determining I.E.P. for First grade; includes M.C.C.S.C. Case Conference Coordinator, Head Start Team Assessment (as needed), Parents	M.C.C.S.C Case Conference Coordinator/ Head Start Education Coordinator
Within 10 days after	5) Carbon copy of Placement sent to Parents; includes I.E.P., specific objectives program auxilary services	M.C.C.S.C. Case Conference Coordinator

August	6) Preliminary check on enrollment a) Head Start checks w/parent b) Head Start checks with Placement School (if forms not here contact Handicap Services Coordinator)	Social Service Coordinator
First Grade Enrollment Date	7) Enrollment with Placement Teacher, includes a Head Start staff member, parent, child, (go to Adm. get xerox copy if missing)	Social Service Coordinator
Through-out First Grade	8) Head Start will be cooperative with open communication with public school as core capability allows; will work in best interests of child and family	Public School System Handicap Services Coordinator

APPENDIX B

DEFINITIONS FOR HANDICAP CATEGORIES

APPENDIX B: DEFINITIONS FOR HANDICAP CATEGORIES

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these condiditons and have certification and/or licensure to make these diagnoses.

BLINDNESS

A child shall be reported as blind when any one of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch and his/her chief means fo learning; (b) a determination of legal blindness in the State of residence had been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT (HANDICAP)

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70, in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers another loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

DEAFNESS

A child shall be reported as deaf when any one of the following exist: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the State of residence.

HEARING IMPAIRMENT (HANDICAP)

A child shall be reported as hearing impaired when any one of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibles (ANSI 1969) in the better ear.

*Multiple handicaps: Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

PHYSICAL HANDICAP (ORTHOPEDIC HANDICAP)

A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibited or impeded normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

SPEECH IMPAIRMENT (COMMUNICATION DISORDER)

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditons, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

HEALTH OR DEVELOPEMTAL IMPAIRMENT

These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

MENTAL RETARDATION

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation.)

SERIOUS EMOTIONAL DISTURBANCE

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditons: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

SPECIFIC LEARNING DISABILITIES

Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction dyslexia, and developmental aphasia. Such terms do not include children who have learning problems which are primarily the result of visual hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

APPENDIX C

PL94-142

EDUCATION OF ALL HANDICAPPED CHILDREN ACT

APPENDIX C

PL94-142: EDUCATION OF ALL HANDICAPPED CHILDREN ACT

In 1975, the U.S. Congress passed PL94-142. This comprehensive law is the latest national response to a growing focus and concern for appropriate educational opportunities and services for exceptional children nationwide.

Congress in passing PL94-142 accepted some specific beliefs about children, education and those who are the educators. Seemingly, the implications would be

1. that every child has a right to an education
2. that every child has a right to an appropriate education
3. that the child is a learner
4. that every child has unique learning needs
5. that education makes children more unalike, more different
6. that the teacher is actively involved in the teaching process
7. that there is value in differences
8. that competence makes a difference.

The law enforced these beliefs by mandating

1. the identification, location, and provision of educational services to all handicapped children (Right to Education)
2. the provision of educational services in the least restrictive environment
3. the procedural safeguards for the child/parents rights
4. the individualized educational program that meets the unique needs of the child
5. the personnel development necessary to supporting the appropriate and adequate instruction of the child
6. the funding to assist the states in complying with the mandate.

To protect the handicapped child and his family, the procedural safeguards allow and/or require written notice to parents, written consent from parents for formal evaluation, the right for parents to examine the child's records, non-discriminatory testing, the right to an independent evaluation, an impartial hearing, to be represented by counsel, a hearing officer, a copy of the proceeding, and a way of appeal.

Each state must write its own plan. There is no expiration date, The law provides the free appropriate education for all handicapped children ages 3-18. This however is subject to state laws. Indiana Rule S-1 is the legislative response for children age 6-18 in Indiana.

APPENDIX D

INDIANA RULE S-1

APPENDIX D

INDIANA RULE S-1

Indiana's special education programs and related services through the public school systems of Indiana are provided for children within Indiana Rule S-1. These programs and services are provided without charge to children and their families. These State programs and services include the Indiana State School for the Blind, the Indiana State School for the Deaf, and Silvercrest Children's Development Center.

Indiana public schools provide special education instructions

1) at the earliest assessment and identification of need
2) for kindergarten aged children where kindergarten is provided within that public school system
3) for all children ages 6-18
4) to meet the appropriate programming needs of the handicapped child within the least restrictive environment
5) with an individualized education program (IEP) developed with parents
6) with related services as indicated in the (IEP)
    a) transportation
    b) audiology
    c) physical therapy
    d) occupational therapy
    e) medical services for diagnostic or evaluation purposes
    f) counseling services
    g) psychological services
    h) recreation
    i) school health services
    j) school social worker services
    k) parent counseling and training

Indiana's Rule S-1 requires that the public schools assure that assessment material, procedures and interpretation be free of bias and mislabeling; that children's records be confidential; and that due process be provided to protect the right of parents and children.

APPENDIX E

ARCHITECTURAL BARRIER CHECKLIST FOR SCHOOLS

APPENDIX E

ARCHITECTURAL BARRIER CHECKLIST FOR SCHOOLS

Building Name _____

Number of Stories _____

Number of Entry Ways _____

Number of Classrooms _____, Shops _____, Laboratories _____

Age of Building _____

		YES	NO
1.	Are parking spaces reserved for handicapped students and faculty:	____	____
2.	If yes, are spaces at least 10 feet wide to allow loading of wheelchairs?	____	____
3.	Are ramps placed near handicapped parking areas?	____	____
4.	Is parking area sheltered?	____	____
5.	Are ground level entry ways to all buildings?	____	____
6.	If multiple doors are used as wind break, do they all open the same way?	____	____
7.	Do doors have an opening pull of 8 pounds or less?	____	____
8.	Are floors a non-skid surface (Note: Vinyl or asbestos tile or terrazo floors can be coated with non-skid wax?)	____	____
9.	Are there interior ramps to allow passage from one floor level to another?	____	____
10.	Are all interior doors at least 32 inches clear?	____	____
11.	If there are two or more floors in the building, is there an elevator?	____	____
12.	If yes, are control buttons located at height convenient to a person in a wheelchair?	____	____
13.	If no elevator, is there an interior or exterior ramp on the second floor?	____	____
14.	Are interior/exterior ramps coated with non-skid surface?	____	____
15.	Are exterior ramps at least 48 inches wide?	____	____
16.	Are ramps equipped with hand rails?	____	____
17.	Are ramps within the 1:12 ratio (no more than 1 foot rise for 12 feet in length)?	____	____
18.	Are sloped sidewalks within the 1:20 ratio?	____	____
19.	Is there a 6 foot level rest area every 30 feet?	____	____
20.	Are sidewalks at least 48 inches wide?	____	____
21.	Are there curb ramps at pedestrian traffic areas?	____	____
22.	Is there a sheltered walkway between this building and adjacent buildings?	____	____
23.	Is there one or more accessible water fountains in each building?	____	____
24.	Do water fountains have hand controls at front (note: bubbler should be no more than 30 inches from floor)?	____	____

		YES	NO
25.	Is there at least one accessible restroom for men and women in each building?	____	____
26.	Does toilet stall have wide door (32 inches minimum) that opens out?	____	____
27.	Does toilet staff have hand rails (1½ inch hand rails mounted 1½ inches away from wall is preferred)	____	____
28.	If there is a privacy screen does it allow wheelchair turning radius (36 inches is minimum turning radius)?	____	____
29.	Is lavatory raised to allow chairs to fit under it?	____	____
30.	Is one mirror lowered so person in wheelchair can see?	____	____
31.	Is hand towel dispenser low enough to be reached by all?	____	____
32.	If there are doors in series, do they both open in same direction?	____	____
33.	Are lavatory drain and water supply pipes wrapped or insulated?	____	____
34.	Is there a public telephone with accessible handset (maximum of 48 inches) convenient	____	____
35.	Is phone wall hung rather than in a booth?	____	____
36.	Does phone have amplifying controls for the hard of hearing?	____	____

APPENDIX F

COMMUNITY AGENCIES AND PROGRAMS

Educational Programs Meeting

Special Needs of Young Children

1. Stonebelt Council for Retarded Citizens
   2815 East 10th Street
   Bloomington, IN 47401
   812-332-2168

2. Program Prepare
   Smith Research Center
   Indiana University
   Bloomington, IN 47401
   812-337-0872

3. M.C.C.S.C. Multicategorical Preschool Program
   University Elementary School
   930 East St. Rd. 46 Bypass
   Bloomington, IN 47401
   812-337-6805

4. Monroe County Society for Crippled Children and Adults
   205 S. Walnut
   Bloomington, IN 47401
   812-332-2176

5. Indiana University Speech and Hearing Clinic
   Speech and Hearing Center
   3rd and Jordan
   Bloomington, IN 47405
   812-337-6251

6. Richland Bean Blossom Community School Corporation
   Superintendent's Office
   Ellettsville, IN 47429
   812-876-7100

   Ellettsville Elementary School
   Ellettsville, IN 47429
   812-876-2219

   Stinesville Elementary School
   Stinesville, IN 47464
   812-876-2474

7. Monroe County Community School Corporation
   Administration Building
   North Drive
   Bloomington, IN 47401
   812-339-3481

Community Agencies

1. Stonebelt Council for Retarded Citizens
   2815 East 10th Street
   Bloomington, IN 47401
   812-332-2168

2. Human Resource Department
   Box 100
   Bloomington, IN 47401

3. Developmental Training Center
   Smith Research Center
   Indiana University
   Bloomington, IN 47401
   812-337-6805

4. Mental Health Center
   640 S. Rogers
   Bloomington, IN 47401
   812-339-1696

5. Monroe Joint Special Education Cooperative
   Monroe County Community School Corporation
   Administration Building
   North Drive
   Bloomington, IN 47401
   812-339-3481

6. Well Baby Clinic
   315 W. Dodds
   Bloomington, IN 47401
   812-336-4492